

# Get to Know Me



This booklet will help you get support in a new program

## Completing this booklet:

- People living with dementia or their care partners can fill this booklet out to help those providing programs and services to know a little more about you, your experiences, and your preferences.
- You may choose to fill out every question in this booklet, or you may choose to leave some blank. Only include information you are comfortable sharing.
- For information on how to fill out each section, refer to pages 7-8.
- If you cannot fill out all questions, but would like them completed, ask a person that you trust and who knows you well to help complete them.



## About Me

Name I like to be called: \_\_\_\_\_

Language I prefer to speak: \_\_\_\_\_

Where I live (city, town, or area): \_\_\_\_\_

Who I live with:

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The people who know me best:

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## My Background

**My cultural, religious, and spiritual background:**

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**My current or past jobs, interests, and achievements:**

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**My favourite places that I have lived and/or visited:**

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**Significant dates to me (birthdays, anniversaries, special events):**

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**Significant high points in my life:**

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**Significant low points in my life:**

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## My Abilities

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**My hearing and eyesight:**

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**My mobility and balance:**

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**My memory and attention:**

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**Things I like to do for myself:**

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**Things that I might want help with:**

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## My Preferences

**When I am in social situations, I like:**

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**My hobbies and interests:**

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**To be physically active, I like to:**

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**At mealtimes, I like or need:**

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**My food allergies, restrictions, and/or eating challenges:**

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**Activities or actions that I dislike or frustrate me:**

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## My Habits and Routines

Routines that are important to me:

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Things that might worry or upset me:

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Things that might make me feel better if I am anxious or upset:

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## Other Information

Anything else I would like you to know about me:

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## Emergency Contact

### Primary Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Secondary Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_



## Documentation and Sharing

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

- I give permission to share this information with social and health care providers who are working with me to provide care and support.

**Thank you for taking the time to complete this booklet to help others get to know and better support you!**

# Descriptions and Examples:

## About Me

- **Name I like to be called:** Name you like to be called. For example, “my name is Elizabeth but prefer being called Beth”.
- **Language I prefer to speak:** Identify your first language. For example, “French is my first language, but I also speak English”.
- **Where I live:** Where you currently live.
- **Who I live with:** Individual(s) that you live with presently.
- **The people who know me best:** This could be your spouse or partner, friends, relatives, or care partner(s) and their contact information.

## My Background

- **My cultural, religious, and spiritual background:** Include information about your culture and religion. Do you attend religious services? Do you celebrate certain events/ holidays/ festivals? Do you observe specific practices? Are there foods you do not eat?
- **My current or past jobs, interests, and achievements:** For example, jobs – nurse, chef, or stay-at-home parent; interests – painting or dancing; achievements – volunteer of the year.
- **My favourite places that I have lived and/or visited:** Places that are important to you, or significant places you have visited.
- **Significant dates to me (birthdays/ anniversaries/ special events):** Are there any days that are particularly special for you? What dates and why?
- **Significant high points in my life:** For example, meeting your partner, birth of children, marriage, etc.
- **Significant low points in my life:** You do not need to share details. You can write in general terms such as personal care trauma, environmental, loss of significant other, etc. that will help us be sensitive to your experiences and needs.

## My Abilities

- **My hearing and eyesight:** Can you hear well? Do you use a hearing aid? Do you wear glasses? Do you read with a magnifying glass?
- **My mobility and balance:** How is your walking? Do you need help to get around? Do you use a cane, walker, or wheelchair? Can you use the stairs?
- **My memory and attention:** Do you have difficulty remembering certain things? Do you have difficulties with focusing? Are there strategies that help you remember things or focus?
- **Things I like to do for myself:** Include ways you like to be independent such as choosing where to sit, when to take a break, or food to eat.
- **Things I might want help with:** Describe ways people can help with activities such as help to find your way through the building, or a reminder of where to sit during the program.

## My Preferences

- **When I am in social situations, I like:** For example, prefers small group interaction, prefers large groups, or prefers one-to-one.
- **My hobbies and interests:** What do you like to do for fun? What inspires or interests you?
- **To be physically active, I like to:** Activities that you like to do around your house or community. For example, gardening, walking, tai chi, or tennis.
- **At mealtimes, I like or need:** Do you have special dietary needs (i.e., semi-solids or thickened liquids)? Do you use adaptive spoons, forks, knives, or cups? Is there a special position you need to sit in? Do you need assistance?
- **My food allergies, restrictions, and/or eating challenges:** Do you have food allergies? Are there foods you do not eat or do not like? Do you have difficulty chewing or swallowing?
- **Activities or actions that I dislike or frustrate me:** For example, activities with loud noises, activities in crowds, or when people touch my shoulder to guide me.

## My Habits and Routines

- **Routines that are important to me:** Things you do during your day that you do not like to miss. For example, a daily walk, watching your favourite show, or cooking.
- **Things that might worry or upset me:** Include things that may trouble you. For example, separation from a family member, pain, thirst, hunger, constipation, or loud voices.
- **Things that make me feel better if I am anxious or upset:** For example, music, TV, quiet, time alone, or comforting words.

## Other Information

- **Anything else I would like you to know about me:** Anything you would like people or other details that might be relevant. For example, “I have dementia; I am left-handed; I have been in hospital before”, allergies other than food, medical conditions, favourite book or TV show, or favourite colour.

### Inspiration for this booklet was found in:

- [This is Me](#) by the Alzheimer’s Society UK
- [All About Me](#) by the Alzheimer Society of Canada
- [Pieces of My Personhood](#) by North Bay Regional Health Centre